Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. COUNTY g. STATE b. COUNTY Charles Maryland Charles MARYLAND 30 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b and Singing Hills, White Plains Md. 1-yr Singing Hills
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Star Route # 2. White Plains Star Route # 2. White Plains YES | 3. NAME OF 4. DATE DECEASED DEATH (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH Months WIDOWED DIVORCED Jan. 13-1942 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? Major Elect. Baltimore, Maryland Electrician USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within pencil Robert Perry Bailev Norine Shiplet File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ar remayal. Md. State Police, Waldorf, Md. no INTERVAL PETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO B the certificate, 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 205 DESCRIPE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should I Health ar its designated agent, prior 20d. INJURY OCCUPACED 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) 20f. (City or town) 20c. TIME OF INJURY Manth, Doy, Year No While ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry | and in my apinian death resulted from: Accident Suicide -Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ddess (Street, city, town, ar county) NAME (Type) 230. BURIAL, CREMATION, & 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burial (Specify) Elk Run Cemetery Elkton. Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minules Judge VR A15ME (5) FFB Simmons Bros. 1661 GOOD Hope Rd., S.E. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

ATTENDED TO THE PART OF THE PA CIISU TENERAL MENTAL ENGINEER PROPERTY OF THE CONTROL OF THE CONTR A PILLE STEEL STEE respectable to the second of t . T. W. Markett B. M. L. Co. L EST ONE 1222., 1 ... 1 ... ... ... ... ... ...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02116 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY any delay is 1, 2, and 3 to n PM3. Page o. STATE b. COUNTY 40 CHARLES Mary land CHARLES MARYLAND and 2 with the State Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Pisgah e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS and with farm 00 Arehart Funeral House NO YES Give Pages This certificate should be executed within 24 haurs after death. cate, writing the ward "pending" in pencil in Item 18. Give Page NAME OF Middle First 4. DATE Month Lost Day Year DECEASED BROWN 18, 19 67 Edward Lee February (Type or print) DEATH YEAR IF UNDER 24 HRS. AGE (In years IF UNDER S SFX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) 53.54 yrs. Months Dovs Hours death. Male White WIDOWEO DIVORCED 12/31/12 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 0 COUNTRY? Lumber Yard 72 hours after Virginia Laborer the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's burial-transit permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Lee Brown Nina Taxton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service event within Hawkins Funeral Home, Charlottesville, Va. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CAUSED BT: Arteriosclerotic cardiovascular disease DUF TO any Canditians, if any, which gove (b) rise to immediate couse (a). = DUF TO stoting the underlying cause 0 and SD be used 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, execute the certificate, YES K NO Acute ethylism 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld D PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, affice bldg., etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page ot work ot work 21. 1 certify that I taak charge of the remains described above, held an Autapsy [X], Inspection Inquiry and in my apinian priar ta burial, Natural causes X Homicide funeral directar. deoth resulted from: Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER February 20, 1967 Russell S. Fisher, M.D. **EXAMINER'S** Health Address (Street, city, town, ar caunty) NAME (Type) 23b. OATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 REMOVAL (Specify) Batesville, Va. 2/22/67 Wildrose Cemetery Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15ME (5) 6M 1/67 HOWARD H. HUBBARD, 4107 Wilkens Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02122 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Charles Maryland Charles MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 1b write RURAL and give nearest town Bryantown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Physician Memorial Hospital P.O. Box YES NO 3. NAME OF Middle DATE First Lost Month Doy Year DECEASED Mary Butler Rose 19 6 (Type or print) DEATH S. SFX 8. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Female Negro June 1882 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Charles County. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO Joseph Butler Box 23 Bryantown. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO be retained by the haspital ar far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 / ta 1967, and that death accurred at 3:35 AM, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR . M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EIRA 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Bryantown. OWN. Chas.Co. 2Sb. REGISTRAR'S SIGNATURE Mary's Ch. Cem 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Martell Adams Aquasco, Maryland

A 15 1 15 1 10 10 m 한 문제 기가 먹는데 있는 전에 되는 가스 되는 중에서 한 경험을 가게 살았다면 했다.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02123 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to P.M.3. Page of Charles MARYLAND Maryland Charles State Department b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Fenwick Fenwick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS the Chief Medical Examiner's Office alang with farm Box 177 Bryans Road in Item 18. Give Pages Bryans Rd. be executed within 24 haurs after death. 3. NAME OF Middle DATE Last DECEASED OF DEATH (Type or print) John Edward Driver S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGF (In years 7. MARRIED X NEVER MARRIED lost birthdoy) white WIDOWED DIVORCEO May 6m 1899 male within 72 haurs after ded File pages land 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Eng. & Machinest INOUSTRY Maryland pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Driver Susie = 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address

I NO KX Day Year IF UNDER 24 HRS IF UNDER 1 YEAR Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? USA (Yes, no. or unknown) (If yes give wor or dotes of service George Driver 3412 Cheverly Ave. Chev. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 3 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x Inquiry [ and in my apinion Natural causes x . Accident death resulted fram: Suicide Hamicide Undetermined manner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Werner U. Spitz, 2/14/67 **EXAMINER'S** M NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Feb. 16, 1967 Epiphany Church Cemetery Prince Georges, Maryland 2So. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORWilhelm Funeral Home ADDRESS Charley 4308 Suitland Rd., Suitland, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY of ofter death. MARYLAND c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) pup not in hospital, give street d. STREET ADDRESS IS RESIDENCE DN A FARM? along with form within 72 hours NO Give Poges NAME OF Year DECEASED OF DEATH (Type or print) AGE (In years lost birthday) 7. MARRIED NEVER MARRIED Months WIDDWED DIVORCED hours any event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? pages in any 13. FATHER'S NAME MOTHER'S MAIDEN N (Yes, no, or unknown) (If yes give war or dates of service removal. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) certificate should cremotion, DUF TO Conditions, if any, which gave rise to immediate couse (a). DUF TD stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? NO YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) agent, prior PRIMARY or CONTRIBUTING CAUSE DF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, Centy or town (County) (State) foctory, preet, office bldg, etc.) Not While of work may be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from? Suicide . Natural causes Accident . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 Feb. 22-67 Cedar Hill Cemetery Suitland, Maryland 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR ADDRESS VR A15ME 15 Charley 1661- Good Hope Road SE. Wash., Simmons Bros.

MARYLAND STATE DEPARTMENT OF HEALTH

PILSO TO SUADER HAND OF STREET SHADER. 12 1/2 1/2 1/2 June 3/2 1 ALLE PRINCE TO A STATE OF THE S Throad E Helisty mount in Rothering And the world of a state of the 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item EXAMINER'S CERTIFICATE OF DEATH 02125 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deseased lived, if institution: Residence before admission) delay is a. COUNTY g. STATE b. COUNTY 50 death. MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 15 c. CITY OR TOWN (H) autside torparate limits, write RURAL and give nearest tawn) write RURAL and give pearest town after d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) in 72 haurs Office alang with farm in Item 18. Give Pages 1, ON A FARM? YES NO after death. 3. (NAME OF Middle 4. DATE Month Day Year DECEASED DEATH 2 (Type or print) .⊆ S. SEX YEAR IF UNDER 24 HRS with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER lasty birthopy) Months Dovs Hours WIDOWED DIVORCED 24 haurs event 2 pup BIRTHPLACE (State or fareign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any pending" in pencil in ef Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. ar remaval, (Yes, na, ar unknown) (If yes give war ar dates of service 7 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line fam(a), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should Ward crematian, DUF TO farwarded ta the Canditions, if any, which gave writing the rise to immediate couse (a). DUE TO 0 stating the underlying cause last. burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? the certificate YES NO 0 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) priar 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice blda., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at wark at wark please execute designated Inquiry 4 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection, and in my opinion the funeral directar. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, tawn, or county) NAME (Type) 230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5) 6M T/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY to Maryland MARYLAND Charles State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Pisgah d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm ON A FARM? 10 Arehardt Funeral Home YES NO in Item 18. Give Pages This certificate should be executed within 24 haurs after death. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED OF I and 2 with the Clif Henderson 20 (Type or print) DEATH 19 67 6. COLOR OR RACE IF UNDER 24 HRS S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED colored male 65 yrs deal 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? within 72 haurs after File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH in any event Massive spontaneous intra-cerebral hemorrhage IMMEDIATE CAUSE (a) e, writing the ward farwarded to the Ch DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse D and ost. be used 19. WAS AUTOPS)
PERFORMED? crematian, or remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, YES X NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy \$1. Inspection [ Inquiry and in my opinion deoth resulted fram: Natural causes funeral director. Accident Suicide [ Hamicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior necessary, DEPUTY MEDICAL EXAMINER 2/21/67 Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME (Type) 230. BURIAL (REMATION) NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) .6.6 -400 Timort 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 DATE APR 18 1967 6M 1/67

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| 2 | 1 (  | 1             | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH  | A DVI A NID                               |
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| 7 | r death. I and 2 er death.   | 1.            | a. COUNTY  a. STATE  b. COUNTY   | sidence before admission)                 |
|   | by the f<br>Pages 1<br>urs after   |               | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | and give nearest town)                    |
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|   | r 24 hours rilled in by papers. Pahin 72 hours   | 2 P           | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  hysicians Memorial LaPlata Md  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO X |
|   | uted within 24 hours at completely filled in by to ove carbon papers. Page y event, within 72 hours a  |               | NAME OF First Middle Last 4. DATE OF DECEASED (Type or print) Adele Hoffman 2-27-1967  | Oay Year<br>19                            |
|   | in in in   |               | F. W-US   7. MARRIED   1. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER I   Months   1.   1.   1.   1.   1.   1.   1.   1  | YEAR IF UNDER 24 HRS.<br>Days Hours Min.  |
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|   | ficat<br>r phy<br>en p<br>oval,  | 13            | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |   |
|   | certifica<br>ding ph<br>Then<br>remova   | 1!            | Paul Funderlich Maggelina Heins 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address   |   |
|   | death certifica<br>e attending ph<br>permit. Then<br>ion, or remova  | (Y            | es, no, or unkown) (If yes give war or dates of service) 498-24-3051 Husband-Otto Haffman.Rison  |   |
|   | at the<br>ian.<br>d by th<br>ransit<br>cremat  |               | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Metatastis Carcinoma - Uterine  | INTERVAL BETWEEN ONSET AND DEATH 2-Yrs    |
|   | s the  |               | DUE TO   |   |
|   | requires that the death certificate be diding physician. been signed by the attending physiciar the burial-transit permit. Then please or to burial, cremation, or removal, and i  |               | Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO   | 3-Yrs                                     |
|   | he law<br>or atten<br>te has<br>use as<br>ulth pric  | ATION         | underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  | 19. WAS AUTOPSY PERFORMED?                |
|   | ICIAN: The law requires that the deat ospital or attending physician. Certificate has been signed by the at hed for use as the burial-transit perm t. of Health prior to burial, cremation,  | CERTIFICATION | Anemia and Malnutrition  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | YES NO                                    |
|   | O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre- | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w |   |
|   | ENDIN<br>ained b<br>OR: Aft<br>ould b<br>the St  | ×             | 21. I certify that (I) (this hospital) attended the deceased from 6-1-1964, 19, t2-27-1967, 19 saw the deceased alive on 2-27-1967, 19, and that death occurred at 10-06 Fight the causes and on the   | _, that (I) (we) last                     |
|   | ATT<br>retr<br>3 sh<br>with  |               | 222 SENATURE 1 22h DA  | TE SIGNED                                 |
|   | by be age  | 1             |  | 28-1967                                   |
|   | TO HOSPITAL OR ATTENDIPOPER 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the  | 1             | 22c. PHYSICIAN'S   22d. ADDRESS   Indian Head Md.  |   |
|   | Pag<br>Pag<br>TO FU<br>direct<br>shou  | 23            | REMOVAL (Specify) 2 /2 /1067   | nty) (State)                              |
|   | of   |               | 4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S   | SIGNATURE                                 |
|   | VR A15 (4)   | 1             | Arehart Funeral Home, IncLa Plata, Md. DATE MAR 3 1967   | rus Juage                                 |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02127 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death deoth puo physician ond campletely filled in by the funeral nen please remove carbon papers. Pages 1 and and in any event, within 72 hours after deat PLACE OF DEATHS 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY MARYLAND b. GITY OR TOWN-(If a) tside corporate limits, c. LENGTH OF STAY IN 1b c. CITY, QR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and 5 0 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDEN d. STREET ADDRESS ON A FARM? SICIAn YES NO NAME OF Middle 4. DATE Year DECEASED S 0 (Type or print) DEATH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stole or foreign country) during most of working life, even if retired) COUNTRY 2 INDUSTRY and 104 1002 13. FATHER'S NAME signed by the ottending phe buriol-tronsit permit. Then buriol, cremation, or remove 202 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANFORMAN (Yes, not or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (p), INTERVAL BETWEEN (b), ond (e).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Nonet IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Exhu rise to immediate couse (a). DUE TO stoting the underlying couse be retoined by the hospitol or attending this certificate has been prior to for use os the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) TO HOSPITAL OR ATTENDING Page 4 moy be retained by 11 TO FUNERAL DIRECTOR: After ot work 21. I certify that (I) (this hospital) attended the deceased from should and that death accurred at 2:15 PM, fram causes and an the date stoted above saw the deceased alive on 220. /SIGNATURE DATE SIGNED 22b. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should t 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CREMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRA 4 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE P.M.3. Page b. COUNTY 0 Charles Maryland Charles MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) Plata D.O.A. La Plata (Rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 hours Physicans Memorial Hospital YES NO XX ofter death. 3. NAME OF 4. DATE Month Doy DECEASED (Type or print) February 22,1967 IRVING PENN JOHNSON DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED April 27,1941 Negro event 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Coca Bottling Charles Co., Md. poges I This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benedict Johnson Irene Mary Lyles File AddresBOX 267A 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, prunknawn) (If yes give war ar dates af service) removol 220-38-492 Mrs. Alice E. Johnson-Wife Waldorf, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY used os o burial-trans burial, cremation, or IMMEDIATE CAUSE (a) writing the word DUE TO Canditions, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO agent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Nat While at wark factory, street, affice bldg., etc.) may be retoined far your FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , ond in my opinion death resulted from: Matural causes , Accident , Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** B. J. Edelen, MD. La PlataAddgess Met, city, town, or county) NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 St. Mary's Cemetery Bryantown 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Arehart Funeral Home, Inc. Ba Plata, Md.

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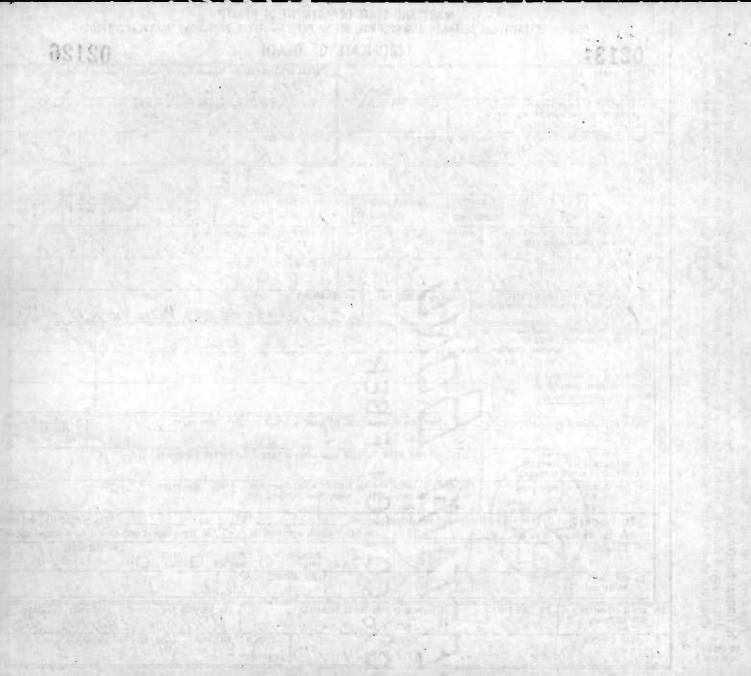
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 12 a. COUNTY a. STATE b. COUNTY Poge 0 deoth. MARYLAND b. CITY DR TDWN (If outside corporate limits LENGTH DE STAY IN 16 c. CITY OR TDWN (If outside carporate limits, write RURAL and give nearest tawn) puo write RURAL and d. NAME DE HOSPITAL DR **INSTITUTION** d. STREET ADDRESS e IS RESIDENC (If not in haspital, give street oddress) Del hours ON A FARM? Item 18. Give Pages NO hours ofter death. 3. NAME OF DATE First. Middle Year Last DECEASED OF DEATH with within (Type or print) 1960 pholo S. SEX AGE (In years IF UNDER YFAR IF UNDER 24 HRS DATE OF BIR birthday) Months Doys Haurs WIDOWED DIVORCED Office event 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR (State or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** Onv e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's poges in ony pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. or removal. (Yes, na, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for lat. (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word cremotion, DUF TO Canditions, if any, which gove rise to immediate couse (o). OUF TO o stating the underlying cause SD burial, WAS AUTOPS PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? please execute the certificate. YES NO to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should its designated ogent, prior PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not While DIRECTOR: Poge 19 of work ot work 21. I certify that I tack kharge of the remains described above, held an Autapsy far Inspection A Inquiry and in my apinian funerol director. death resulted from: Suicide 🗍 Natural causes Accident Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY OFPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may b Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) Burial Feb. 17- 67 Arlington National - Arlington, Virginia Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Bros. 1661- Gd. ope Road SE. Wash. DC OATFEB Simmons 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02130 CERTIFICATE OF DEATH ted within 24 hours after deoth and completely filled in by the funeral remave carban papers. Pages 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY arles County MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) DRANDY WINE Lifetime Malcolm e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED (Type or print) 19 67 DEATH IF/UNDER 1 YEAR S SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED Male Negro Unknown 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? pleose INDUSTRY law requires that the death certificate Charles County Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aline-Sewell Unknownn Jane Slater 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brandywine, Meryland (Yes, na, ar unknawn) (If yes give war ar dates af service 284 Aline Sewell Rt. 1 Box 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: how hary IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHORUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use CERTIFICATION NO F for 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING the hospitol OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or, town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the degeased from. . to 1967, and that death accurred of 3.45 M, from couses and on the dote stated obove. saw the deceased alive an 27o. SIGNATURA 22b. DATE SIGNED STAFF ATTENDING M.D. DIRECTOR PHYS. director, poge should be filed 226-PHYSICIAN'S 22d.) ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Church Geo. Aquasco Pr. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ulasco.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If, autside corporate limits, write RURAL and give negrest tawn) write RURAL and nive nearest tawn d. STREET ADDRESS e. IS RESIDENCE (If not in haspital, give street address) ON A FARM? YES NO V NAME OF Middle 4. DATE First Last Month Day Year DECEASED OF DEATH FO 196 (Type or print) SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED last birthday) Manths **WIDOWED** DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired INDUSTRY 13 FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT signed by the attendi burial-transit permit. (Yes, no, as unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH physician. Conditions, if ony, which gove DUE TO rise ta immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🗍 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. Nat While factory, street, office bldg., etc.) shauld be 21. I certify that (I) (this haspital) attended the deceased fram 19 that (1) (we) last and that death accurred at 500PM, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF V DIRECTOR M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 02132 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Charles to Maryland death. Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town)
Hughesville Hughesville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs ( Office alang with farm YES K NO Give Pages haurs after death. NAME OF Year DECEASED (Type or print with S. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER Item 18. last birthdoy) Months Dovs Hours WIDOWED DIVORCED Nov. 15.1917 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY pages 1 Prince George C.

14. MOTHER'S MAIDEN NAME Laborer Farming .⊆ Examiner's 13. FATHER'S NAME pencil within Betty McGruder George A. Smallwood and be executed WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remaya! Unkown Arthur Smallwood, Port Tobacco, Md. No CAUSE OF DEATH (Enter only one couse per line (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY Or IMMEDIATE CAUSE CO certificate shauld the ward crematian, DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUF TO 0 stoting the underlying couse OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? please execute the certificate NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Yeor 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry 2 Inspection ... and in my apinion death resulted fram:// Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) Markontyand (Stote BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 Burial (Specify) Aquasco, Prince George, .1967 John Wesley 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (5) 1967 Arehart Funeral Home Inc., La Plata, Md 6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and campletely filled in by the funeral PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Maryland Charles MARYLAND Charles c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURA and give peorest town) Issue papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicans Memorial Hospital NO A YES T Middle 3. NAME OF First 4. DATE Year DECEASED Bumb SMOTHERS Camille Rae (Type or print) DEATH 9. AGE (In years lost birthday) S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Hours' Female Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? La Plata . Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Jean Smothers Fredrick Coren Bumbry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Issue permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. John W. Smothers-Grandfather None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) of work 19\_\_\_, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 2-2 and that death occurred at 3 PM, from causes and on the date stoted obove saw the deceased olive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S MO · JOHNSON NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Ghost Cemetery Issue 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Arehart Fune al Home, Inc. - La Plata, Md

MARYLAND STATE DEPARTMENT OF HEALTH

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| 2-100  | ltems 18-  |  | OF VITAL R            | ARŸLANDSTATE<br>ECORDS, 301 W. P                         | DEPARTME       | NT OF HEAL                      | TH<br>RE. MARYLAND :                                   | 21201                      |   |
|--|--|--|-----------------------|--|----------------|---------------------------------|--|----------------------------|---|
| FOR STATE  | 0213   | 4  |                       | ICAL EXAMINI   |                | •                               |  |                            | 02129   |
| HEALTH DEPT.   | PLACE OF DEAT     O. COUNTY                            | Charles  |                       | MARYL  | o. S           | TATE                            | here deceosed lived, i                                 | h COUNTY                   | idence before odmission) Charles                    |
| haurs after death. If any delay tem 18. Give Pages 1, 2, and 3 office along with form PM3. Pagand 2 with the State Deportment death.   |  |  |                       | c. LENGTH DE STAY IN                                     |                |                                 | ide corporate limits, s.dorf                           | write RURAL ond            | give neorest town)  OS-/                            |
| form F Depo  | d. NAME OF HOS   | PITAL OR INSTITUTION (If n                                 |                       |  | d. STRI        | EET ADDRESS                     | 7  |                            | e. IS RESIDENCE<br>ON A EARM?<br>YES NO             |
| haurs after death. If a ltem 18. Give Pages 1, Office along with form 1 and 2 with the State De re death.  | 3. NAME OF<br>DECEASED<br>(Type or print)              | F  | irst<br>THEL          | Middle<br>MA E   | STEW           | Lost<br>ART                     | 4. DATE<br>OF<br>DEATH Feb                             | Month                      | Doy Year<br>10 19 67                                |
| s after<br>18. Giv<br>9 along<br>2 with 1<br>th.   | s. sex<br>Female                                       | 6. COLOR OR RACE Negro                                     | 7. MARRIED<br>WIDOWED | NEVER MARRIED DIVORCED                                   |                | OF BIRTH                        | 9. AGE (In lost birt                                   | yeors IE UN<br>thdoy) Mont | DER 1 YEAR   IE UNDER 24 HRS.<br>hs Doys Hours Min. |
|  | 100 USUAL OCCUPAT                                      | ION (Give kind of work done ing life, even if retired)     | 10b. KI               | ND OF BUSINESS OR DUSTRY DOMES                           | 11. B          | IRTHPLACE (Stote o              |  |                            | COUNTRY?  |
| within 24 pencil in aminer's e peges haurs afte  | 13. EATHER'S NAME                                      |  | 1. 57                 | - EWART  |                | THER'S MAIDEN TO                |  | WART                       |   |
| cuted v<br>ng" in l<br>dical Ex<br>rmit. Ph  |  | EVER IN U.S. ARMED EORCES?<br>n) (If yes give wor or dotes |                       | SOCIAL SECURITY NO.                                      | 17. INFORMA    | NT                              |  | Address                    |   |
| INER: This certificate shauld be executed within 24 haurs after death. Le certificate, writing the ward "pending" in pencil in Item 18. Give Page shauld be farwarded to the Chief Medical Examiner's Office along with files.  3 shauld be used as a burial-transit permit. Ple pages land2 with the Statition, ar removal, and in any event within 72 haurs after death. | PART I. C<br>982<br>Conditions, if or<br>rise to immed | iny, which gove  |                       | (o), (b), ond (c).)<br>11tiple st.                       | ab woun        | ds                              |  |                            | INTERVAL BETWEEN<br>ONSET AND DEATH                 |
| This certificate, writing the farward be used or emoval, a   | PART II. OTHER   | SIGNIEICANT CONDITIONS                                     |                       | O DEATH BUT NOT RELAT                                    | ED TO THE TERM | INAL DISEASE COND               | DITION GIVEN IN PART                                   | 1(0)                       | 19. WAS AUTOPSY PEREORMED? YES X NO                 |
| # 7 4 -  | CAUSE OF DEAT  | CONTRIBUTING   |                       | scribe how injury occ<br>Stabbed du<br>NJURY OCCURRED 12 | ring al        | tercati                         |  |                            | (County) (Stote)                                    |
| EXAM<br>ute th<br>uge 4<br>yaur<br>yaur<br>Page<br>crema   |  | p.m. 2-10 19<br>tify that I taak charg                     | 67 While of work      |  |                | t, office bldg., etc.)          | Waldori  | Inquiry                    | harles Md.  |
| MEDICAL EXAMINER: slease execute the cert director. Page 4 shaule etained for yaur files. DIRECTOR: Page 3 shau ta burial, crematian, o  | death res  |  | ral causes            |  | Suicide        | , Hamicide  <br>CHIEE MEDICAL E | X, Undeterm  | ined manner                |   |
|  | SIGNATURE<br>EXAMINER'S<br>NAME (Type)                 | Charles  |                       | 0  | M.D.           | DEPUTY MEDICAL                  | CAL EXAMINER X  EXAMINER County  city, town, or county |                            | 22. DATE SIGNED 2/12/67                             |
| TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health prio   | 23o. BURIAL, CREM.<br>REMOVAL (Spe                     | ATION, 23b. DATE TH  |                       | 23c. NAME OF CEMET                                       |                |                                 | 23d. LOCATION (C                                       |                            | (County) (Stote)                                    |
| VR A15ME (5)   | 24. FUNERAL DIRE                                       |  | / /                   | ADDRESS  | MD.            | 2So. REC'D DATE FE              | BY REGISTRAR B 1 6 196                                 | 2Sb. REGISTRAI             | R'S SIGNATURE                                       |

CHIARO E HARRIMARINA RESERVE ANTE E E E LA CARRESTA 8.5.18.0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02135 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death. pup physician and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within, YES NO DO NAME OF First Middle 4 DATE Month Doy Year DECEASED LOTTIE OF DEATH 2 (Type or print 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE GSTIC AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OBERT WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Deri crematian 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed ! DUF TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse attending priar to the lost. far use as WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION directar, page 3 should be detached far use should be filed with the State Dept. af Health | Page 4 may be retained by the haspital or certificate YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) O FUNERAL DIRECTOR: After this (County) (Stote) Hour o.m foctory, street, office bldg., etc.) ot work ot work 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram\_\_\_ 1967 to 2-22 and that deoth occurred of A-M, from causes and an the date stated obove saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) · VOHONSOW 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. A CATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles

AELSO: The late of the la MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|                | CERTIFICATE OR DEATH  | 98130 |
|----------------|---|-------|
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|                | THE RESERVE TO SERVE THE PARTY OF THE PARTY |       |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02137 death low requires that the death certificate be executed within 24 hours after deoth filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmissian) a. COUNTY b. COUNTY ofter MARYLAND b. CITY OR TOWN (If outside carporote limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If aufside carparote limits, write RURAL and give neorest town) papers. Pagr hin 72 hours o write RURAL and give nearest town) LDORF d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hin 72 l ON A FARM? SICIANS YES NO MEMORIAL carbon ent. with NAME OF Middle DATE First Last Manth Dov Year physicion and completely DECEASED OF DEATH ent, v FSSIE 19 62 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED leose remove lost birthday) Months Days Haurs in any WIDOWED DIVORCED Ina IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY CWOR 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar removol, signed by the ottending phy burial-transit permit. Then DELINE KERA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates of service LDORF burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARDIGVASCULAR IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause or attending prior to TO FUNERAL DIRECTOR: After this certificate has been the OCAROLAL SO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? use CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH d. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o.m. While Not While foctory, street, office bldg., etc.) at wark at wark pe 21. I certify that (1) (this hospital) attended the deceased fram 10 FEB be retained should with the , and that death accurred at PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) nason 2064 PLATA 0 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (State) (County)

VR A15 (4) 20 M 1/66

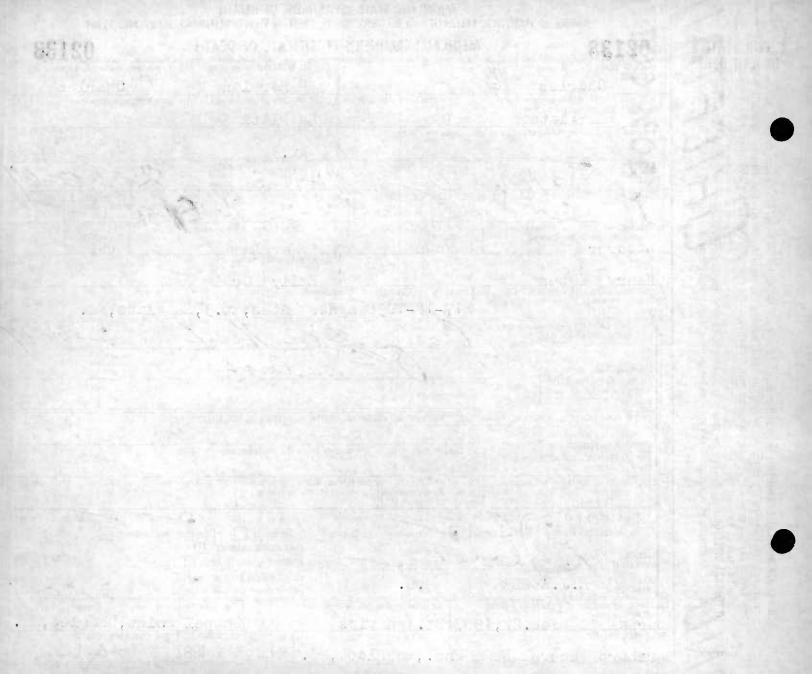
(REMOVAL (Specify) IA

24. FUNERAL DIRECTOR **FUNERAL**  ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(Charles



| - 1  | MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30   | PARTMENT OF HEALTH<br>1 W. PRESTON STREET, BALTIMORE, MARYLAND                             | 21201                                      |
|--|--|--|--|
| FOR STATE  |  | CERTIFICATE OF DEATH   | 02134                                      |
| HEALTH DEPT.   | 1. PLACE OF DEATH o. COUNTY Charles MARYLAND   | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reco. STATE , Maryland b. COUNTY | charles                                    |
| 2, and 3 to PM3. Page Portment of  | b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  Bryantown  | c. CITY OR TOWN (If outside corporate limits, write RURAL on Bryantown                     | d give neorest town)                       |
|  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?<br>YES XX NO |
| offer death. If any delay 8. Give Pages 1, 2, and 3 along with form PM3. Paying the page 1, 2, and 3 with the state Department within 72 haurs after deat  | 3. NAME OF DECEASED (Type or print) 6/COLOR OR PACE 7. MARRIED NEVER MARRIED X   | Lost OF DEATH OF DEATH  6. DATE OF BIRTH  9. AGE (In years IFU                             | Doy Year 1967 NDER YEAR I IF UNDER 24 HRS. |
| hours of<br>them 18.<br>Office ola<br>lond 2 wit   | MIDOWED DIVORCED DIVO | Feb. 6,1897 Propirthdoy) yrs. Mon  | ths Doys Hours Min.  2. CITIZEN OF WHAT    |
| thin 24 hours<br>incil in Item I<br>miner's Office<br>pages I ond 2<br>in ony event  | during most physical preven if retired) Full Filter ing  13. FATHER'S NAME   | Charles County, Md.  | country. A.                                |
| ed with in pen I Exami   | Alfred Young  1s. Was Deceased EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give wor or dotes of service)  No  16. SOCIAL SECURITY NO.  17. 10  16. SOCIAL SECURITY NO.  17. 10  18. 10  19. 10  10. 10   | Ida Marshall INFORMANT Address   | Bryantown, Me                              |
| execute<br>ending"<br>Medica<br>it permit  | 18. CAUSE OF DEATH (Enter only one couse per line (or (a), (b), and (c).)  | Mrs. Sally Ann Johnson-S   |  |
| teR: This certificate should be executed within 24 hours ofter death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, toold be forwarded to the Chief Medical Examiner's Office along with form les.  Should be used as a burial-transit permit. File pages I and 2 with the state Dept., prior to burial, cremotion, or removal, and in any event within 72 haurs of the pages I are the pages I are the pages I are the permit of the p | Conditions, if ony, which gove )   | ng suprey to   | 20-7-67                                    |
| ficate s<br>ring the<br>rded to<br>os o bu   | rise to immediate couse (a), stating the underlying couse (c)  |  |  |
| his certific<br>ote, writin<br>e forwords<br>be used os<br>to buriol,  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH  |  | 19. WAS AUTOPSY PERFORMED? YES NO          |
| AMINER: This e the certificate a 4 should be from files. ge 3 should be agent, prior to agent, prior to  | 200. EXTERNAL CAUSE WAS PRIMARY 🗆 OF CONTRIBUTING 🗆 CAUSE OF DEATH.  | (Enter noture of injury in Port I or Port II of item 18.)  Well auch on him                | in front.                                  |
| AL EXAMINER: execute the certical for your files. TOR: Page 3 should for your files.   | Hour o.m.  p.m.  19 While Not While of work of work  | CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)             | (County) (Stote)                           |
| DEPUTY MEDICAL EXAMINER: This seessory, pleose execute the certificate, the funeral director. Page 4 should be fit may be retained for your files. FUNERAL DIRECTOR: Page 3 should be ealth or its designated agent, prior to  | 21. I certify that I took charge of the remains described above he death resulted from: Notural causes , Accident , Suice  |  |  |
| JIY ME<br>ry, pleo<br>eral dire<br>be retai<br>RAL DIR   | ACTUAL SIGNATURE  EXAMINER'S  EXAMINER'S  EXAMINER'S  EXAMINER'S  EXAMINER'S   | M.D. ASSISTANT MEDICAL EXAMINER  | 22. DATE SIGNED                            |
| necessory, the funeral 5 may be 10 FUNERAL Health or it  | 230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR  | CREMATORY 23d. LOCATION (City or Town)   | (County) (State)                           |
| VR A15ME (S)   | 24. FUNERAL DIRECTOR ADDRESS   |  | IR'S SIGNATURE                             |
| 6M 1/66  | Arehart Funeral Home, IncLa Plata  | A, Md. DAFEB 16 1967 /Clie   | reles Judge                                |

